

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
WACO DIVISION**

IN RE: **Alvin Clinton Hill, Jr**
Glenda Marie Hill
Debtor(s)

Case No.

Chapter 13 Proceeding

☐ **AMENDED** ☐ **MODIFIED**
DEBTOR(S)' CHAPTER 13 PLAN
AND MOTIONS FOR VALUATION AND LIEN AVOIDANCE

Creditors are hereby notified that the following Plan may be amended at any time before confirmation. Any amendment may affect your status as a creditor. The Debtor's estimate of how much the Plan will pay, projected payments, and estimates of the allowed claims may also change. The following information advises creditors of the status of the case based on the information known at the time of its preparation. Any special concerns of a creditor may justify attendance at the Meeting of Creditors and such other action as may be appropriate under the circumstances. More detailed information is on file at the Office of the United States Bankruptcy Clerk in El Paso or Waco, Texas. Local Bankruptcy Rules and Standing Orders on procedures are available at the Clerk's Office and online at www.txwb.uscourts.gov.

Use of the singular word "Debtor" in this Plan includes the plural where appropriate.

Plan Summary

- A. The Debtor's Plan Payment will be \$1,490.00 Monthly, paid by ☐ Pay Order or ☒ Direct Pay for 60 months. The gross amount to be paid into the plan is \$89,400.00.
- B. The Plan proposes to pay all allowed priority claims in full, all secured claims to the extent of the value of the collateral or the amount of the claim, whichever amount is provided for in Section VI below, and approximately 56% of each unsecured allowed claim.
- THIS PLAN DOES NOT ALLOW CLAIMS. YOU MUST FILE A PROOF OF CLAIM BY THE APPLICABLE DEADLINE TO RECEIVE DISTRIBUTIONS UNDER ANY PLAN THAT MAY BE CONFIRMED. CREDITORS ARE REFERRED TO THE FEDERAL RULES OF BANKRUPTCY PROCEDURE, THE LOCAL BANKRUPTCY RULES FOR THE WESTERN DISTRICT OF TEXAS, AND THE APPLICABLE STANDING ORDER RELATING TO CHAPTER 13 CASE ADMINISTRATION FOR THIS DIVISION, FOR INFORMATION ON THESE AND OTHER DEADLINES.
- C. The value of the Debtor's non-exempt assets is \$0.00.
- D. If the payment of any debt is proposed to be paid directly by the Debtor outside the Plan, it is so noted in Section VI(1), set forth below.

Plan Provisions

I. Vesting of Estate Property

- ☒ Upon confirmation of the Plan, all property of the estate shall vest in the Debtor and shall not remain as property of the estate.
- ☐ Upon confirmation of the Plan, all property of the estate shall not vest in the Debtor, but shall remain as property of the estate.
- ☐ Other (describe):

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Continuation Sheet # 1

II. Pre-Confirmation Disbursements

In accordance with the applicable Standing Order Relating to Chapter 13 Case Administration, the Debtor requests and consents to disbursement by the Chapter 13 Trustee of payments prior to confirmation of the Plan to evidence the Debtor's good faith, promote successful completion of the case, and to provide adequate protection to secured creditors. The Debtor shall remit such payments to the Trustee commencing 15 days after the filing of the petition. Provided all conditions for disbursement are met and unless otherwise ordered by the Court, the Trustee shall begin disbursing to creditors as provided below, on the first regularly scheduled disbursement after 30 days after the the petition is filed. Payments under this paragraph will cease upon confirmation of the Plan.

Creditor/Collateral	Pre-Confirmation Payment Amount	Other Treatment Remarks
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III. Executory Contracts/Unexpired Leases/Contracts for Deed

Pursuant to 11 U.S.C. §1322(b)(7) of the Bankruptcy Code, the Debtor hereby elects to assume the following executory contracts, unexpired leases, and/or contracts for deed, if any:

Creditor Name	Description of Contract	Election	In Default
Dish Network	Satellite	Assumed	No
Source Power & Gas	Electric	Assumed	No
Verizon Bankruptcy Dept	Cell Phones	Assumed	No

Pursuant to 11 U.S.C. §1322(b)(7) of the Bankruptcy Code, the Debtor hereby elects to reject the following executory contracts, unexpired leases, and/or contracts for deed, if any:

Creditor Name	Description of Contract	Election	In Default
(None)			

IV. Motion to Value Collateral Pursuant to 11 U.S.C. § 506

The Trustee shall pay allowed secured claims, which require the filing of a proof of claim, to the extent of the value of the collateral or the amount of the claim, whichever amount is provided for in Section VI(2), hereof, plus interest thereon at the rate specified in this Plan. Except for secured claims for which provision is made to pay the full amount of the claim notwithstanding the value of the collateral, the portion of any allowed claim that exceeds the value of the collateral shall be treated as an unsecured claim under Section VI(2)(F).

The Debtor(s) move(s) to value the collateral described below in the amounts indicated. The values as stated below represent the replacement values of the assets held for collateral, as required under Section 506(a)(2). Objections to valuation of collateral proposed by this Motion and Plan must be filed no later than ten (10) days prior to the confirmation hearing date. If no timely response or objection is filed, the relief requested may be granted in conjunction with confirmation of the Plan.

Creditor / Collateral	Estimated Claim	Value of Collateral	Monthly Payment or Method of Disbursement	Interest Rate	Anticipated Total to Pay	Other Treatment/Remarks
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Continuation Sheet # 2

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed on _____."

Debtor

Joint Debtor

V. Motion to Avoid Lien Pursuant to 11 U.S.C. § 522(f)

The Bankruptcy Code allows certain liens to be avoided. If a lien is avoided, the claim will not be treated as a secured claim but as an unsecured claim under Section VI(2)(F).

The Debtor moves to avoid the following liens that impair exemptions. Objections to lien avoidance as proposed in this Plan must be filed no later than ten (10) days prior to the confirmation hearing date. If no timely objection is filed, the relief requested may be granted in conjunction with confirmation of the Plan. (Debtor must list the specific exempt property that the lien impairs and the basis of the lien--e.g., judicial lien, nonpurchase-money security interest, etc.)

Creditor / Property subject to lien	Amount of Lien to be Avoided	Remarks
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VI. Specific Treatment for Payment of Allowed Claims

1. PAYMENTS TO BE MADE BY THE DEBTOR DIRECTLY TO CREDITORS, INCLUDING POST-PETITION DOMESTIC SUPPORT OBLIGATIONS

A. Debtor(s) shall pay the following creditors directly. Creditors with claims based on a post-petition domestic support obligation ("DSO"), including all governmental units to which a DSO claim has been assigned, or is owed, or that may otherwise recover a DSO claim, MUST be paid directly. Minors should be identified by their initials only. If no DSO creditor is listed, the Debtor represents he/she has no domestic support obligation.

All direct payments listed below shall be made in addition to the Plan payments made by Debtor to the Chapter 13 Trustee as herein set forth. Secured creditors who are paid directly shall retain their liens, and the Debtor(s) shall maintain insurance on the collateral, in accordance with the terms of the documents creating the lien on the collateral.

Creditor / Collateral, if any (including the name of each DSO creditor)	Remarks	Debt Amount	Payment Amount/Interval
Chase Mortgage 307 Dixie Drive, Holland, Texas		\$111,414.00	\$922.00
GreenTree Servicing, LLC Mobile Home		\$28,851.00	\$449.00

B. Debtor surrenders the following collateral. Confirmation of the Plan shall operate to lift the automatic stay provided by 11 U.S.C. § 362(a) with respect to the collateral listed, and any unsecured deficiency claim may be filed in accordance with the procedures set forth in the Standing Order Relating to Chapter 13 Case Administration for this Division.

Creditor/Collateral	Collateral to Be Surrendered
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Continuation Sheet # 3

2. PAYMENTS TO BE MADE BY TRUSTEE TO CREDITORS

A. Administrative Expenses

Administrative Expenses shall include the Trustee's commission and debtor's attorney's fees. The Trustee shall receive up to 10% of all sums received. No fees or expenses of counsel for the debtor(s) may be paid until the filing fee is paid in full, and any fees and expenses that are allowed in addition to the fees and expenses originally agreed to be paid, may be paid only after all prior allowed fees and expenses have been paid.

Creditor	Estimated Amount of Debt	Payment Method: before secured creditors, after secured creditors, or along with secured	Remarks
James O. Cure	\$2,700.00	Along With	

B. Priority Claims, Including Domestic Support Obligation Arrearage Claims

Creditor	Estimated Amount of Debt	Payment Method: before secured creditors, after secured creditors, or along with secured	Remarks

C. Arrearage Claims

Creditor / Collateral	Estimated Claim	Estimated Value of Collateral	Monthly Payment or Method of Disbursement	Interest Rate	Anticipated Total to Pay	Other Treatment/Remarks

D. Cure Claims on Assumed Contracts, Leases, and Contracts for Deed

Creditor/Subject Property, if any	Estimated Amount of Cure Claim	Monthly Payment or Method of Disbursement	Remarks

E. Secured Creditors

Secured creditors shall retain their liens on the collateral that is security for their claims until the earlier of the date the underlying debt, as determined under non-bankruptcy law, has been paid in full, or the date of discharge under 11 U.S.C. § 1328. Therefore, if the debtor's case is dismissed or converted without completing of all Plan payments, the liens shall be retained by the creditors to the extent recognized by applicable non-bankruptcy law.

Creditor/Collateral	Estimated Claim	Value of Collateral	Monthly Payment or Method of Disbursement	Interest Rate	Anticipated Total to Pay	Other Treatment/Remarks (specifically note if claim amount to be paid although greater than value of collateral)
Capital One / Yamaha Boat Motor	\$2,514.00	\$2,500.00	Pro-Rata	4%	\$2,607.95	
Fifth Third Bank 2011 Dodge Durango	\$21,131.00	\$21,131.00	Pro-Rata	4%	\$22,043.32	
Mary Jo Tschoerner 2006 Kia Optima	\$3,500.00	\$5,000.00	Pro-Rata	0%	\$3,500.00	

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Continuation Sheet # 4

F. General Unsecured Creditors (including claims from rejection of contracts, leases and contracts for deed).
Describe treatment for the class of general unsecured creditors.

General Unsecured Creditors will receive approximately 56% of their allowed claims.

Totals:

Administrative Claims	<u>\$2,700.00</u>
Priority Claims	<u>\$0.00</u>
Arrearage Claims	<u>\$0.00</u>
Cure Claims	<u>\$0.00</u>
Secured Claims	<u>\$27,131.00</u>
Unsecured Claims	<u>\$89,205.14</u>

VII. Supplemental Plan Provisions

The following are the Supplemental Plan Provisions:

Acceptance of/Rejection of/Objection to Plan

ACCEPTANCE OF/REJECTION OF/OBJECTION TO THE PLAN BY HOLDERS OF ALLOWED SECURED CLAIMS PROVIDED FOR BY THE PLAN.

Each holder of an allowed secured claim provided for by the plan shall be deemed to have accepted the plan unless such holder files a written rejection of the plan no later than 10 days prior to the confirmation hearing date. If the holder of an allowed secured claim files an objection to confirmation of the plan and does not otherwise reject the plan, said holder shall be deemed to have accepted the plan in all respects except those specifically raised in the objection to confirmation. All written notices of rejection of the plan shall be filed and served in the same manner as objections to confirmation.

Provision Regarding Payment of Attorneys Fees

The Trustee shall make distribution of the base attorney fees at the maximum amount permitted under the First Standing Order Relating to Chapter 13 Case Administration under BAPCA in the El Paso and Waco Divisions of November 8, 2005, Paragraph 6(B), as amended January 23, 2007, as further amended January 7, 2008.

Creditor's Direct Communication With Debtor(s)

Creditors whose claims are scheduled to be paid directly by the debtor(s), including creditors with claims secured by real property or vehicles, are authorized to send monthly statements to the debtor(s). They are also authorized to communicate directly with the debtor(s) in response to questions about monthly payments, escrow accounts, account balances, increases in monthly payments, and other routine customer service inquiries.

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Continuation Sheet # 5

Sale of Homestead Property

The Debtors are the owners of real property described in Schedule A filed herein. This property is their homestead and is claimed as exempt herein. If there are no objections to this exemption, or to this provision, then the Debtors shall be authorized to sell the property without the necessity of a Court hearing. The proceeds of any such sale shall be applied to the costs of the sale, any outstanding liens against the property, any tax liens against the property and all remaining proceeds shall be paid to the Debtors as the proceeds of the sale of exempt property. The Debtors shall provide a copy of the closing statement to the Trustee within ten days of closing.

Property Taxes

The Debtors are the owners of real property located in Bell County, Texas, which property is their homestead and is claimed as exempt herein. The Debtors' ad valorem taxes are included in their monthly mortgage payments. Any claim for 2015 ad valorem taxes shall be treated as a post-petition indebtedness and shall be paid directly, outside the Debtors' plan.

Respectfully submitted this date: 1/30/2015.

/s/ James O. Cure

James O. Cure
2584 Blue Meadow Dr.
Temple, TX 76502
Phone: (254) 778-8934 / Fax: (254) 773-2477
(Attorney for Debtor)

/s/ Alvin Clinton Hill, Jr

Alvin Clinton Hill, Jr
307 Dixie Dr
Holland, TX 76534
(Debtor)

/s/ Glenda Marie Hill

Glenda Marie Hill
307 Dixie Dr
Holland, TX 76534
(Joint Debtor)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
WACO DIVISION**

IN RE: Alvin Clinton Hill, Jr
Debtor

CASE NO.

Glenda Marie Hill
Joint Debtor

CHAPTER 13

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that on February 11, 2015, a copy of the attached Chapter 13 Plan, with any attachments, and Budget and Monthly Family Income were served on each party in interest listed below, by placing each copy in an envelope properly addressed, postage fully prepaid in compliance with Local Rule 9013 (g).

/s/ James O. Cure

James O. Cure
Bar ID:05252800
James O. Cure
2584 Blue Meadow Dr.
Temple, TX 76502
(254) 778-8934

ADT Security Systems
xxxxxxxxx0273
P.O. Box 371490
Pittsburgh, PA 15250

Capital One / Yamaha
xxxxxxxxxxx3020
26525 N Riverwoods Blvd
Mettawa, IL 60045

Citibank, N.A.
xxxx-xxxx-xxxx-8385
P.O. Box 20363
Kansas City, MO 64195

Alvin Clinton Hill, Jr
307 Dixie Dr
Holland, TX 76534

Capital One Bank
xxxx-xxxx-xxxx-2476
P.O. Box 30285
Salt Lake City, UT 84130

Citibank, N.A.
xxxx-xxxx-xxxx-0746
P.O. Box 20363
Kansas City, MO 64195

Bank of America
xxxx-xxxx-xxxx-1421
P.O. Box 15102
Wilmington, DE 19886-5102

Chase Bank
xxxx-xxxx-xxxx-9430
P.O. Box 15298
Wilmington, DE 19850-5298

Citibank, N.A.
xxxx-xxxx-xxxx-4885
P.O. Box 20363
Kansas City, MO 64195

Bank of America
xxxx-xxxx-xxxx-3268
P.O. Box 15102
Wilmington, DE 19886-5102

Chase Mortgage
xxxxxxxxx8971
P.O. Box 24696
Columbus, OH 43224-0696

Citibank, N.A. / Shell Oil
xxxxx3842
P.O. Box 20363
Kansas City, MO 64195

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
WACO DIVISION**

IN RE: Alvin Clinton Hill, Jr
Debtor

CASE NO.

Glenda Marie Hill
Joint Debtor

CHAPTER 13

CERTIFICATE OF SERVICE

(Continuation Sheet #1)

Citibank, N.A. / The Home Depot
xxxx-xxxx-xxxx-4173
P.O. Box 20363
Kansas City, MO 64195

Financial Corporation of America
xxxx7553
P.O. Box 203500
Austin, TX 78720-3500

Ray Hendren
3410 Far West Blvd, Ste 200
Austin, TX 78731

Discover Card
xxxx-xxxx-xxxx-5611
P.O. Box 15316
Wilmington, DE 19850

Financial Corporation of America
xxxxxxx-xxxxxx7472
P.O. Box 203500
Austin, TX 78720-3500

Scott & White Healthcare
xxxxxxx, xxx9846
P.O. Box 674350
Dallas, TX 75267

Discover Card
xxxx-xxxx-xxxx-4023
P.O. Box 15316
Wilmington, DE 19850

GreenTree Servicing, LLC
xxxx1090
P.O. Box 6154
Rapid City, SD 57709

Target National Bank
xxxx-xxxx-xxxx-6674
P.O. Box 660170
Dallas, TX 75266-0170

DRS Medical Collection Service
xxx2858
800 E. Campbell Road, Suite 388
Richardson, TX 75081

Kohl's / Capital One
xxxx-xxxx-xxxx-6244
P.O. Box 3043
Milwaukee, WI 53201

ExxonMobil / Citibank
xxxx-xxxx-xxxx-9018
P. O. Box 6497
Sioux Falls, SD 57117

Mary Jo Tschoerner
8601 E FM 487
Bartlett, TX 76511

Fifth Third Bank
xxxxx0090
Attn: Bankruptcy Department
1830 East Paris Ave.
Grand Rapids, MI 49546

NCO Financial Systems
xxD178
P.O. Box 17205
Wilmington, DE 19850

Financial Corporation of America
xxxxxxx & xxxx6505
P.O. Box 203500
Austin, TX 78720-3500

Pediatric - Obstetric Medical Group
xxxxxxx7134
P.O. Box 504464 R1
Saint Louis, MO 63150

Fill in this information to identify your case:

Debtor 1	Alvin	Clinton	Hill, Jr
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Glenda	Marie	Hill
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Debtor 1**

- ☒ Employed
☐ Not employed

Occupation**Field Supervisor****Employer's name****Jarrell-Schwertner Water Corp****Employer's address****113 North 5th Street**
Number Street**Debtor 2 or non-filing spouse**

- ☒ Employed
☐ Not employed

Accounting Supervisor**Bartlett Electric Cooperative****P.O. Box 200**
Number Street**Jarrell TX 76537**
City State Zip Code**Bartlett TX 76511**
City State Zip CodeHow long employed there? **12 years****7 years****Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$3,804.99	\$5,855.00
3. Estimate and list monthly overtime pay.	+\$232.05	\$0.00
4. Calculate gross income. Add line 2 + line 3.	\$4,037.04	\$5,855.00

Debtor 1 **Alvin** **Clinton** **Hill, Jr** ¹⁶
 First Name Middle Name Last Name Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$4,037.04	\$5,855.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$814.45	\$1,325.26
5b. Mandatory contributions for retirement plans	5b. \$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c. \$139.90	\$234.20
5d. Required repayments of retirement fund loans	5d. \$0.00	\$0.00
5e. Insurance	5e. \$41.21	\$400.18
5f. Domestic support obligations	5f. \$0.00	\$0.00
5g. Union dues	5g. \$0.00	\$0.00
5h. Other deductions. Specify: <u>Life</u>	5h. + \$0.00	\$1.80
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$995.56	\$1,961.44
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$3,041.48	\$3,893.56
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$19.41	\$0.00
8b. Interest and dividends	8b. \$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	\$0.00
8d. Unemployment compensation	8d. \$0.00	\$0.00
8e. Social Security	8e. \$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$0.00	\$0.00
8g. Pension or retirement income	8g. \$0.00	\$0.00
8h. Other monthly income. Specify: <u>See continuation sheet</u>	8h. + \$302.59	\$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$322.00	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$3,363.48	\$3,893.56
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies.	12. \$7,257.04	\$7,257.04
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. None. <input type="checkbox"/> Yes. Explain: _____		Combined monthly income

Debtor 1 **Alvin** **Clinton** **Hill, Jr** Case number (if known) _____
First Name Middle Name Last Name

8h. Other Monthly Income (details)	For Debtor 1	For Debtor 2 or non-filing spouse
Mobile Phone Reimbursement	\$54.17	\$0.00
Annual Tax Refund	\$248.42	\$0.00
Totals:	\$302.59	\$0.00

Debtor 1 **Alvin** **Clinton** **Hill, Jr** ¹⁶ Case number (if known) _____
First Name Middle Name Last Name

8a. Attached Statement (Debtor 1)

Mobile Home Rental Information

Gross Monthly Income: \$700.00

<u>Expense</u>	<u>Category</u>	<u>Amount</u>
Green Tree		\$450.00
Insurance		\$100.00
Property Taxes		\$30.59
Maintenance & Repairs		\$100.00

Total Monthly Expenses \$680.59

Net Monthly Income: \$19.41

Fill in this information to identify your case:

Debtor 1	Alvin	Clinton	Hill, Jr
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Glenda	Marie	Hill
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known)	_____		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date: _____
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

- ☐ No. Go to line 2.
- ☒ Yes. **Does Debtor 2 live in a separate household?**
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

<u>Dependent's relationship to Debtor 1 or Debtor 2</u>	<u>Dependent's age</u>	<u>Does dependent live with you?</u>
<u>Son</u>	<u>4 Years</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>Daughter</u>	<u>12 Months</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

- 3. Do your expenses include expenses of people other than yourself and your dependents?**
- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

Your expenses

- 4. The rental or home ownership expenses for your residence.**
Include first mortgage payments and any rent for the ground or lot.

4. \$922.16**If not included in line 4:**

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. _____

4b. _____

4c. \$300.00

4d. _____

Debtor 1 **Alvin** **Clinton** **Hill, Jr** ¹⁶
 First Name Middle Name Last Name Case number (if known)

Your expenses

5. Additional mortgage payments for your residence, such as home equity loans	5.	_____
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	<u>\$276.05</u>
6b. Water, sewer, garbage collection	6b.	<u>\$100.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<u>\$430.89</u>
6d. Other. Specify: <u>Pet Care</u>	6d.	<u>\$60.00</u>
7. Food and housekeeping supplies (See continuation sheet(s) for details)	7.	<u>\$875.00</u>
8. Childcare and children's education costs (See continuation sheet(s) for details)	8.	<u>\$722.00</u>
9. Clothing, laundry, and dry cleaning	9.	<u>\$244.00</u>
10. Personal care products and services	10.	<u>\$75.00</u>
11. Medical and dental expenses	11.	<u>\$240.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<u>\$650.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	<u>\$100.00</u>
14. Charitable contributions and religious donations	14.	<u>\$20.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	<u>\$51.94</u>
15b. Health insurance	15b.	_____
15c. Vehicle insurance	15c.	<u>\$190.00</u>
15d. Other insurance. Specify: _____	15d.	_____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	_____
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: _____	17c.	_____
17d. Other. Specify: _____	17d.	_____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).	18.	_____
19. Other payments you make to support others who do not live with you. Specify: _____	19.	_____
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a.	_____
20b. Real estate taxes	20b.	_____
20c. Property, homeowner's, or renter's insurance	20c.	_____
20d. Maintenance, repair, and upkeep expenses	20d.	_____
20e. Homeowner's association or condominium dues	20e.	_____

Debtor 1 **Alvin** **Clinton** **Hill, Jr** ¹⁶
 First Name Middle Name Last Name Case number (if known)

21. Other. Specify: Baby Necessities	21.	+	\$100.00
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22.		\$5,357.04
23. Calculate your monthly net income.			
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.		\$7,257.04
23b. Copy your monthly expenses from line 22 above.	23b.	-	\$5,357.04
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.		\$1,900.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

None.

Debtor 1 **Alvin** **Clinton** **Hill, Jr** ¹⁶
First Name Middle Name Last Name Case number (if known)

7. Food and housekeeping supplies (details):

\$875.00

Total:

\$875.008. Childcare and children's education costs (details):

Child Care

\$672.00

School Expenses

\$50.00

Total:

\$722.00